

Louisville Metro Air Pollution Control District

Gas Station: New Operator or Renewal Application

Mail application to: 850 Barret Avenue Louisville, KY 40204 OR FAX to: (502) 574-5607

(502) 574-6000 www.louisvilleky.gov/apcd

In accordance with District regulation 2.03, section 1, you may not install, modify, or operate a facility unless a permit has been issued by the District. Please complete all requested information in this application. Incomplete applications may result in denial of a permit to construct or operate the facility.

Section 1: Station Information	
Plant (Facility) name:	
Plant street address:	
City:	ZIP:
Station Phone Number:	
	e the appropriate section for operator information. If you are a company, only complete Section individual, only complete Section 3.
Section 2: Co	mpany Operator Information
Company Name:	
Company Address:	
City:	State: ZIP + 4:
Company Representativ	e: Title:
Representative's e-mail	Representative 's telephone: Cell Phone:
Section 3: Ind	lividual Operator Information
Name:	
Address:	
City:	State: ZIP + 4:
Operator's e-mail:	Operator's telephone: Cell Phone:
Section 4: Bil	ling Contact (Check if same as operator)
Name:	
Address:	
City:	State: ZIP + 4:
Billing e-mail:	Billing telephone:
Applicant Signature	
BY:	
	Typed or Printed Name of Applicant Date
	Authorized Signature Title of Applicant

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